

SENATE BILL 125

January 12, 2007

Senate Judiciary Committee

Testimony of Ed Amberg

EXHIBIT No. 1  
Date 1-12-07  
Bill No. SB 125

Mr. Chairman, members of the committee, my name is Ed Amberg. I am the Director of Montana State Hospital at Warm Springs. I am here today to testify in support of Senate Bill 125 which addresses issues relating to the treatment of people admitted to our hospital through criminal proceedings. This population represents about one-third of our patient population. Yesterday our patient census was 192 and 63 of these patients were "forensic" patients admitted through criminal proceedings. This is a very complicated area of law that deals with competency to stand trial and the treatment and incarceration of people with mental illnesses who commit serious crimes.

Through this legislation we are seeking to address a problem that sometimes occurs. People are admitted to Montana State Hospital, but refuse treatment, and in particular, refuse to accept medications that provide the best treatment to reduce symptoms of serious mental illness to the extent that other types of treatment can be effective. We are seeking legislation that will allow us to adopt a process like that in place for civil involuntary commitment procedures that allow involuntary administration of medication when approved by the court in the commitment proceeding and after review by a committee at the Hospital. The procedure for involuntary civil commitments is prescribed in 53-21-127(6) M.C.A. and has been in place for some time.

At times, people are committed to Montana State Hospital by district courts for evaluation and treatment. We feel strongly that we need to provide safe and effective

treatment to any individual admitted to our facility for care. That treatment usually, but not always, includes medication prescribed by a psychiatrist, physician, or other licensed prescriber. Some of our patients refuse medication when it is prescribed for them. For the patients on civil commitment, we can address the issue through our involuntary medication procedures. The criminal commitment statutes do not include this provision, so we end up having to take the issue back to court. In the case of people who are found Not Guilty by Reason of Mental Illness (NGMI), we really have no recourse at all. We think it is very inappropriate to maintain a person in a treatment facility, but not be able to provide treatment. It is harmful for the individual and the resulting behavior often places other patients and hospital staff at risk. Our treatment units are very large and very overcrowded and trying to maintain untreated or improperly treated patients in this environment is unsafe and very expensive.

The need to implement involuntary medication procedures for people on forensic commitments does not arise very often, probably 3 or 4 times each year. But when it does, it is very time consuming and very expensive in terms of staff time required to petition the court and to manage the behaviors exhibited by the patient. We believe the issue would be much better addressed at the time the court is making a decision to admit the individual for treatment to Montana State Hospital. We believe that it is in everyone's treatment to promptly provide the most effective treatment that is likely to give the individual the best opportunity for restoration of competency and recovery from serious mental illnesses.

With me today is Dr. Virginia Hill, the psychiatrist on our forensic unit. She can explain how this issue affects her ability to provide care and treatment to patients at our hospital under forensic commitments. And also here today is Paulette Kohman, the DPHHS

attorney assigned to our hospital who can answer questions about the application of current law and the proposed legislation.

I would like to thank Senator Harrington for sponsoring this legislation and for his continuing interest in our hospital and strong support for our staff. And I would like to thank all of you for considering this proposal.

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